

LETTER OF INTENT FOR A NEW WAGE-EARNING CAREER PATHWAY/CAREER AND TECHNICAL EDUCATION PROGRAM

DEFINITION: To be approved and eligible for funding by the State of Michigan, a career and technical education program must be a wage-earning occupational preparation program (with the exception of 19.0000 Family and Consumer Sciences--a non-wage earning program). A CIP code number and descriptor identify all CTE programs. Career and technical education programs include classroom and laboratory experiences and work-based instruction. Instruction must be competency-based with either state or national curriculum and be aligned with the National Career Clusters.

INSTRUCTIONS: A Letter of Intent must be completed and submitted to the CEPD CTE Administrator for each new CTE program that a local education agency is planning to submit an application for, at the building level, beginning with the 2005-2006 school year.

In addition to this completed letter of intent, the following must accompany the submission or the letter of intent will be denied:

- ☐ A copy of the regional plan that supports this program -- date e-mailed or mailed to address below: _____
- ☐ A completed LOI needs assessment form (see template) -- must be attached to this LOI form

ALL INFORMATION MUST BE COMPLETED OR THE FORM WILL BE RETURNED TO THE APPLICANT. PLEASE TYPE

CIP CODE NUMBER: _____		CTE PROGRAM NAME (CIP CODE NAME): _____	
FISCAL AGENCY _____		OPERATING DISTRICT NAME: _____	DISTRICT CODE: _____
FISCAL AGENCY CODE: _____		BUILDING NAME: _____	BUILDING CODE: _____
TYPE OF PROGRAM: _____	CONTACT PERSON: _____		PHONE: _____
LOCAL DISTRICT _____	CONTACT PERSON'S SCHOOL NAME: _____		
AREA CENTER _____	CONTACT PERSON'S SCHOOL ADDRESS: _____		
SHARED TIME _____	Fax Number: _____		
TRADE ACADEMY _____	E-mail address: _____		
MINUTES PER PROGRAM: _____			
Total number of minutes program will be operating per year: _____			

Approximately how many students do you anticipate being enrolled in the first year? _____

The program being proposed has been presented to and approved by the Educational Advisory Group (EAG).

EAG CHAIR SIGNATURE: _____ DATE: _____

Please print or type name: _____

SUPERINTENDENT/FISCAL AGENT SIGNATURE: _____ DATE: _____

Please print or type name: _____

Please type school address: _____

e-mail address: _____

CEPD CTE ADMINISTRATOR SIGNATURE: _____ DATE: _____

Please print or type name: _____

e-mail address: _____

Please forward to:
Diana Bailey, Program Specialist
Office of Career and Technical Preparation
Michigan Department of Labor & Economic Growth
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Lansing, Michigan 48909
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